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**MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND**

07509

07501

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE	
Somerset MARYLAND		Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		b. COUNTY Somerset	
c. LENGTH OF STAY IN 1b 44 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) McCready Memorial Hospital		d. STREET ADDRESS 531 Main Street	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) John A. Bradshaw, Sr.		Last	Month Day Year
4. DATE OF DEATH May 11 1966		5. SEX Male	6. COLOR OR RACE White
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Jan 30, 1879	
9. AGE (In years last birthday) 87 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mortician		10b. KIND OF BUSINESS OR INDUSTRY Funeral	
11. BIRTHPLACE (County & State, or foreign country) Ewell, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Aaron B. Bradshaw, Sr.		14. MOTHER'S MAIDEN NAME Laura Tyler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 214-34-7272	
17. INFORMANT Evelyn D. Bradshaw, Same as 2. abcd		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uremia			
1778 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c) prostatic carcinoma			
INTERVAL BETWEEN ONSET AND DEATH 24 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from April 23, 1966 to May 14, 1966, that (I) (we) last saw the deceased alive on May 14, 1966, and that death occurred at 9:30 M, from the causes and on the date stated above.			
22a. SIGNATURE R.E. Roberts		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) R. E. Roberts, M.D.		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22d. ADDRESS Crisfield, Maryland
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF May 17, 1966	
23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Sunnyridge Cemetery		23d. LOCATION (City, town or county) (State) Crisfield, Maryland	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland		25a. REC'D BY REGISTRAR MAY 20 1966	
25b. REGISTRAR'S SIGNATURE Charles Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

100% of the time
the first few minutes
of each day, I am
able to do what I want
to do. I am able to
work on my projects,
and I am able to do
what I need to do.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

1 M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

07510

07502

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield c. LENGTH OF STAY IN 1b lifetime			c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crisfield 19-1		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 9 Chesapeake Ave.			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First OLIN	Middle WALTON	Last BRADSHAW	4. DATE OF DEATH Month Day Year May 12 1966
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Dec 21 1895	9. AGE (in years last birthday) 70 yrs. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (County & State, or foreign country) R.F.D. Crisfield, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Edward Bradshaw			14. MOTHER'S MAIDEN NAME Seana Landon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WWI 212-12-3785		17. INFORMANT Address Mrs. Irene Bradshaw, same as 2., a.b.c.d.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH Minutes 4201					
Cconditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.		DUE TO (b) Hypertensive cardiovascular disease Years			
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)	
19					
21. I certify that (I) dox hospital attended the deceased from Nov. 29, 1946 to May 12, 1966 , that (I) (we) last saw the deceased alive on Apr. 26 1966 , and that death occurred at 12:40 P.M. from the causes and on the date stated above.					
22a. SIGNATURE <i>C. G. Rawley.</i>			22b. DATE SIGNED May 12, 1966		
22c. PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.		22d. ADDRESS Main St. -- Crisfield, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF May 14, 1966	23c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery	23d. LOCATION (City, town or county) (State) Crisfield, Md.	
24. FUNERAL DIRECTOR		ADDRESS Bradshaw & Sons — Crisfield, Md.	25a. REC'D BY REGISTRAR MAY 18 1966 25b. REGISTRAR'S SIGNATURE <i>J Charles Judge</i>		

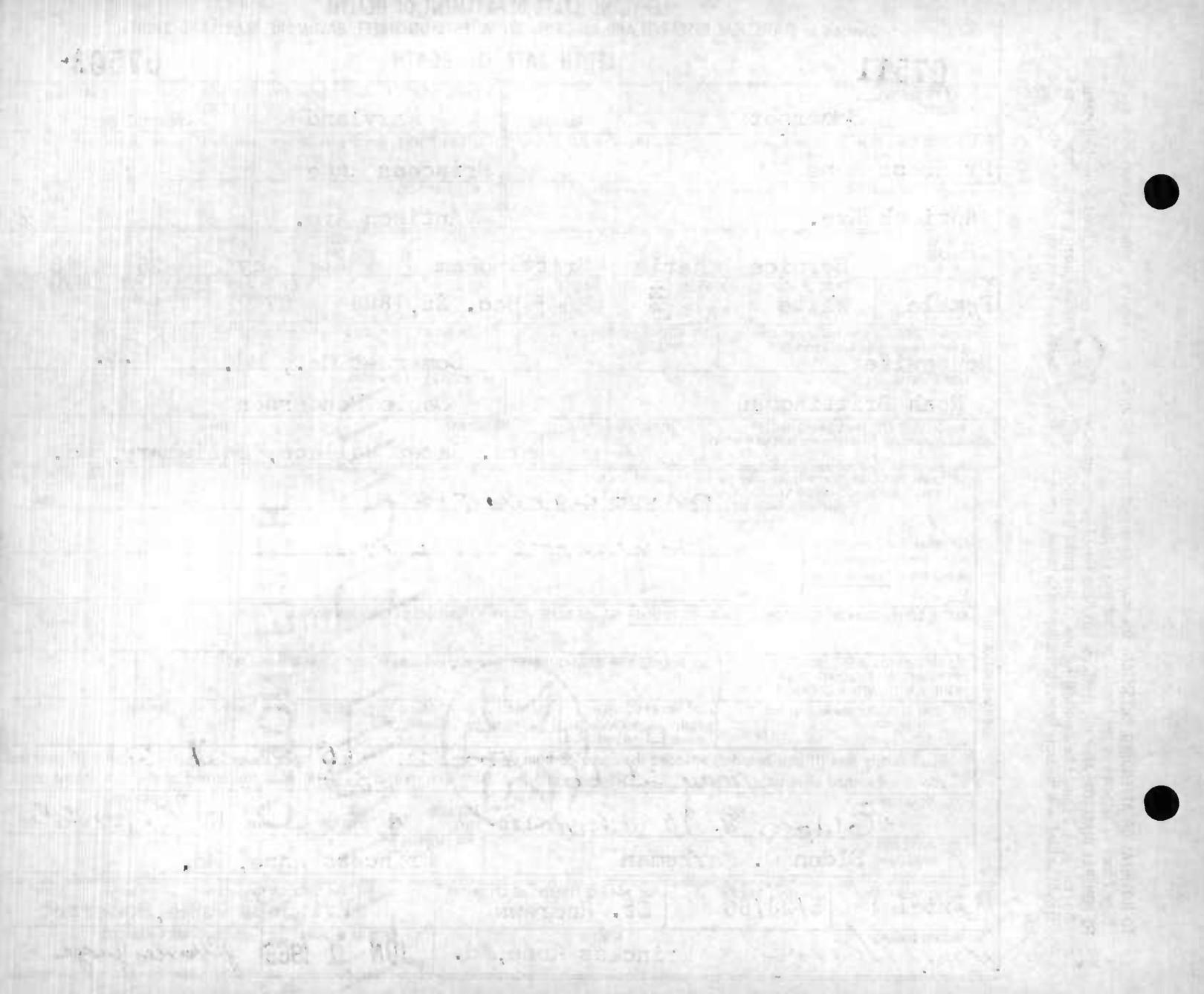
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician. Page 4 may be retained by the hospital or attending physician. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

07511		07503										
1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset										
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		c. LENGTH OF STAY IN lb										
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Antioch Ave.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										
f. FIRST NAME Bernice g. MIDDLE NAME Marie h. LAST NAME Brittingham		i. LOST <input type="checkbox"/> j. MONTH May k. DAY 26 l. YEAR 1966	m. STREET ADDRESS Antioch Ave.									
S. SEX	6. COLOR OR RACE	7. MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday) yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS						
Female	White	WIDOWED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	Divorced <input type="checkbox"/>	Months	Days	Hours	Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (County & State, or foreign country) Somerset Co., Md.			12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME Noah Brittingham			14. MOTHER'S MAIDEN NAME Sadie Henderson									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT			Address Mrs. James Wallace, Salisbury, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) myocarditis DUE TO 443X Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause (b) Hypertension DUE TO (c)									INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)									19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)									
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 p.m.			20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Princess Anne		20f. (City or town) Princess Anne (County) Somerset (State)					
21. I certify that (I) (this hospital) attended the deceased from Apr 25, 1966 to May 28, 1966 that (I) (we) last saw the deceased alive on May 26 1966 and that death occurred at 8:47 AM , from causes and on the date stated above.												
22o. SIGNATURE Eldon G. Marksman									22b. DATE SIGNED 5.28.66			
22c. PHYSICIAN'S NAME (Type) Eldon G. Marksman			22d. ADDRESS Princess Anne, Md.									
23o. BURIAL, CREMATION, BURIAL CASKET SPECIFY		23b. DATE THEREOF 5/28/66		23c. NAME OF CEMETERY OR CREMATORIUM St. Andrews			23d. LOCATION (City or Town) Princess Anne, Somerset (County) Somerset (State)					
24. FUNERAL DIRECTOR James Benson			ADDRESS Princess Anne, Md.			25a. REC'D BY REGISTRAR DATE JUN 1 1966		25b. REGISTRAR'S SIGNATURE Charles Judge				



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

07512

CERTIFICATE OF DEATH

07504

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Westover		c. LENGTH OF STAY IN 1b 41 years	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Rural		d. STREET ADDRESS Rural	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First HENRY	Middle - - -	Last BULLIS
4. DATE OF DEATH Month May Day 6 Year 1966	5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
8. DATE OF BIRTH Month May Day 7 Year 1889	9. AGE (in years last birthday) 76 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (County & State, or foreign country) Wilkesboro, N. Carolina	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME John Bullis	
14. MOTHER'S MAIDEN NAME Caroline Barnett	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 213-16-4994	17. INFDRMAN Mrs. Belle H. Bullis, Same as 2. abcd
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Dil of Heart -</i> 4201 DUE TO <i>Coronary Infarction</i> Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) <i>Chronic Arteriosclerotic Heart Cond.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>General Arteriosclerotic heart Cond. Jibes</i>			
INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
19			
21. I certify that (I) (this hospital) attended the deceased from <i>Nov 3 yrs - 19</i> to <i>May 6 - 1966</i> , that (I) (we) last saw the deceased alive on <i>May 6 - 1966</i> , and that death occurred at <i>M</i> , from the causes and on the date stated above.			
22a. SIGNATURE <i>George Coulbourn</i>		22b. DATE SIGNED <i>May 11 1966</i>	
22c. PHYSICIAN'S NAME (Type)	M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22d. ADDRESS Marion Station, Maryland
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF May 9, 1966	23c. NAME OF CEMETERY OR CREMATORIAL Sunnyridge Cemetery	23d. LOCATION (City, town or county) (State) Crisfield, Maryland
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland	ADDRESS	25a. REC'D BY REGISTRAR May 11 1966	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>

recovered

benign

deceased

survived

alive

deceased

survived

alive

alive

dead

uniformly increased in number and size

different sections

Date last seen: earliest 1915 - latest 1916

had been visited only once and removed no species

had been isolated - unknown antibiotic after 1915 - known

isolated

but still no

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FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

07518

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07505

1. PLACE OF DEATH
a. COUNTY

Somerset

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Ewell

c. LENGTH OF STAY IN lb

Life

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

Rural (Island Community)

3. NAME OF
DECEASED
(Type or print)First
EDWARDMiddle
HARRISONLast
CORBIN

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

May 25, 1886

9. AGE (in years
last birthday)
yrs.

79

10. IF UNDER 1 YEAR
Months Days Hours Min.11. IS RESIDENCE
ON A FARM?
YES NO

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waterman

10b. KIND OF BUSINESS OR INDUSTRY

Seafood

11. BIRTHPLACE (State or foreign country)

Ewell, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Lawson Corbin

14. MOTHER'S MAIDEN NAME

Polly Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank or date of service)

No None

16. SOCIAL SECURITY NO.

577-26-2801

17. INFORMANT

Mrs. E. Pearl Corbin, Same as 2. abcd

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH
min.

4201

DUE TO

Conditions, if any, which
gave rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m.
p.m. 1920d. INJURY OCCURRED
While Not While
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner ACTUAL
SIGNATURE

C. G. Rawley.

CHIEF MEDICAL EXAMINER EXAMINER'S
NAME (Type)

C. G. Rawley, M. D.

M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

DATE SIGNED

5/20/66

Address (Street, city, town, or county) Crisfield, Md.

22a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

May 20, 1966

22c. NAME OF CEMETERY OR CREMATORI

Ewell Cemetery

22d. LOCATION (City, town, or county)

Ewell, Maryland

(State)

23. FUNERAL DIRECTOR

ADDRESS

Bradshaw & Sons, Crisfield, Maryland

24a. REC'D BY REGISTRAR

MAY 23 1966

24b. REGISTRAR'S SIGNATURE

Charles J. Judge

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BRITISH JOURNAL OF PSYCHOLOGY

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FOR STATE
HEALTH DEPT.

07514

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07506

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMJ. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

PLACE OF DEATH a. COUNTY		Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 334 Broadway				d. STREET ADDRESS 334 Broadway	
3. NAME OF DECEASED (Type or print) WILLIAM STANLEY DIZE		4. DATE OF DEATH May 19, 1966		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman		10b. KIND OF BUSINESS OR INDUSTRY Seafood		8. DATE OF BIRTH Feb. 28, 1901	
9. AGE (In years last birthday) 65 yrs.		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Dize		14. MOTHER'S MAIDEN NAME Legolia Riggan			
15. WAS DEC EASOED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> None		16. SOCIAL SECURITY NO. 218-16-5516		17. INFORMANT Mrs. Olevia Matthews, 7 N. 1st, Crisfield, Md	
Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 7831		Pulmonary hemorrhage		INTERVAL BETWEEN ONSET AND DEATH min.	
DUE TO Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last.		(b)			
DUE TO		(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e)					
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and In my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>				CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
ACTUAL SIGNATURE <i>C. G. Rawley</i>				M.O. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) C. G. Rawley, M. D.				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF May 22, 1966		23c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery	
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland		ADDRESS		23d. LOCATION (City, town or county) Crisfield, Maryland	
				25a. REC'D BY REGISTRAR MAY 23 1966	
				25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

21270

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FOR STATE
HEALTH DEPT.

07515

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08956

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 2 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMG. Page 5 may be retained for your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH
a. COUNTY

Somerset

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Near Westover

c. LENGTH OF STAY IN lb
1 hour

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

3. NAME OF
DECEASED
(Type or print)

First
Ella

Middle
Mae

Last
Hutt

4. DATE
OF
DEATH

5

Month
28

Day
28

Year
1966

5. SEX

female

6. COLOR OR RACE

col.

7. MARRIED

NEVER MARRIED
 WIDOWED
 DIVORCED

8. DATE OF BIRTH

4-12-1942

9. AGE (In years
last birthday)
yrs.

21

10. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

labor

10b. KIND OF BUSINESS OR INDUSTRY

canning factory

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Noah Wright

14. MOTHER'S MAIDEN NAME

Beatrice Cornish

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give rank or date of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Joseph Hutt, Fruitland, Maryland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple internal injuries

INTERVAL BETWEEN
ONSET AND DEATH
seconds

8254

DUE TO

(b)

Caused by automobile accident

DUE TO

(c)

MEDICAL CERTIFICATION

20a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

riding in car that was in an accident 5-28-66

20c. TIME OF INJURY Month, Day, Year
6 Hour e.m.
p.m. 5-28-66

20d. INJURY OCCURRED
White Not White
at work at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

Hiway 13

Near Westover, Maryland

21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner

ACTUAL
SIGNATURE

EXAMINER'S
NAME (Type)

Everett Sutter MD

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

6-4-66

Address (Street, city, town, or county)

Somerset

22a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

6-1-66

22c. NAME OF CEMETERY OR CREMATORIAL

Flower Hill

22d. LOCATION (City, town, or county)

Eden Maryland

(State)

23. FUNERAL DIRECTOR

William H James Jr, Princess Anne, Md.

ADDRESS

24a. REC'D BY REGISTRAR

JUN 13 1966

24b. REGISTRAR'S SIGNATURE

Charles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

07516

CERTIFICATE OF DEATH

07507

1. PLACE OF DEATH a. COUNTY		Items 1b, 1d File 6377 6/10/66		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Somerset		MARYLAND		a. STATE	b. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Crisfield		Life		Crisfield				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
McCready Memorial Hospital		55-1 Box 217A		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	Fkst: Addie	Middle: J.	Last: S ^t erling	4. DATE OF DEATH	Month: 5 Day: 25 Year: 1966			
5. SEX	F	6. COLOR OR RACE	Negro	7. MARRIED	<input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	9. AGE (in years last birthday)	11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Laborer	SeaFood		3/11/1903	63 yrs.	Lawsonia Md.	U.S.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		Address					
William H. Jones	Sarah Tull		Phillip Eugene Sterling-Crisfield					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.		17. INFORMANT	INTERVAL BETWEEN ONSET AND DEATH				
No				30 min.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				Duration				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 260X				DUE TO				
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.				(b) Diabetes Astenclerosis = Hypertension				
				DUE TO				
				(c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) Obesity (272 lbs.)				Duration				
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED p.m. 19			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
							While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21. I certify that (I) (this hospital) attended the deceased from May 12, 1962, to May 25, 1966, that (I) (we) last saw the deceased alive on May 20, 1966, and that death occurred at 8 P.M., from the causes and on the date stated above.				22a. SIGNATURE A. N. Barr			22b. DATE SIGNED 6/1/66	
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS CRISFIELD, MD.						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE THEREOF 5/29/66		23c. NAME OF CEMETERY OR CREMATORIAL Asbury		23d. LOCATION (City, town or county) Crisfield		
24. FUNERAL DIRECTOR		ADDRESS Hartley E. Barr Crisfield MD.		25a. REC'D BY REGISTRAR JUN 6 1966		25b. REGISTRAR'S SIGNATURE Charles Judge		

TO HOSPITAL, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

united States

strength & independent mind

(~~22-555~~) - pink

22 → 23 part 22 23 part 22 23 part

22/10 2018 V GUN BAYA
GUN BAYA, M.G. CERITAWA

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										CERTIFICATE OF DEATH		07508			
1. PLACE OF DEATH a. COUNTY		Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)		a. STATE Maryland		b. COUNTY Somerset					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		Crisfield Lifetime		McCready Memorial Hospital		Crisfield		Crisfield		RFD		1961			
3. NAME OF DECEASED (Type or print)		First William		Middle H.		Last Tyler		4. DATE OF DEATH		Month May		Day 13		Year 1966	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 14, 1880		9. AGE (In years last birthday) 86 yrs.		IF UNDER 1 YEAR Months		IF UNDER 24 HRS Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Seafood			11. BIRTHPLACE (County & State, or foreign country) Crisfield, Maryland			12. CITIZEN OF WHAT COUNTRY? USA						
13. FATHER'S NAME William Tyler			14. MOTHER'S MAIDEN NAME Sarah Lawson			Address									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 218-34-8636			17. INFORMANT Clifton J. Tyler, Same as 2. abcd									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]															
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i> INTERVAL BETWEEN ONSET AND DEATH 1 year															
4200 Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Generalized Arteriosclerosis</i> 5 years (c)															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)															
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)													
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town)		(County)		(State)					
19															
21. I certify that (I) (this hospital) attended the deceased from <i>May 13, 1965</i> to <i>May 13, 1966</i> , that (I) (we) last saw the deceased alive on <i>May 13, 1965</i> , and that death occurred at <i>Crisfield, Md.</i> from the causes and on the date stated above.															
22a. SIGNATURE <i>Sarah M. Peyton</i>															
22c. PHYSICIAN'S NAME (Type)		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED							
S. M. Peyton, M.D.															
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF May 16, 1966		23c. NAME OF CEMETERY OR CREMATORIAL Asbury Cemetery		23d. LOCATION (City, town or county) Crisfield, Md.		(State)							
24. FUNERAL DIRECTOR Bradshaw & Sons, Crisfield, Maryland		ADDRESS													
25a. REC'D BY REGISTRAR MAY 31 1966				25b. REGISTRAR'S SIGNATURE <i>J. Charles J. Jr.</i>											
DATE															

an other all new
and great abilities. So good
and great things. Many
hundreds of thousands of
people are still

still living
and many more
have been
and will be
many more

1
FOR STATE
HEALTH DEPT.

Please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, write the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Item 8 Film G376 5/18/66 mb

1. PLACE OF DEATH
e. COUNTY **Somerset** MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) **Rural, Princess Anne**

c. LENGTH OF STAY IN lb **life**

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
e. STATE **Maryland** b. COUNTY **Somerset**

c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) **Rural, Princess Anne**

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM?
YES NO

3. NAME OF DECEASED (Type or print) First **Harry** Middle **Ray** Last **Walker**

4. DATE OF DEATH Month **May** Month **Year** **4** Day **19** Year **66**

5. SEX male **6. COLOR OR RACE** white

7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH **1890** **9. AGE (in years last birthday)** **75** yrs.
Sept. 25, 1891 **10. IF UNDER 1 YEAR** **Months** **Days** **11. IF UNDER 24 HRS.** **Hours** **Min.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Somerset Co., Md.**

12. CITIZEN OF WHAT COUNTRY **USA**

13. FATHER'S NAME **John W Walker**

14. MOTHER'S MAIDEN NAME **Elizabeth Davis**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give rank and dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **Mrs Thelma Walker, Princess Anne, Md.** Address **Rt 3**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a), **Myocardial Infarction**

DUE TO
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } DUE TO
(b) **coronary arteriosclerosis** (c)

INTERVAL BETWEEN ONSET AND DEATH **1 hour**

years

19. WAS AUTOPSY PERFORMED? YES NO

MEDICAL CERTIFICATION

20a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year **20d. INJURY OCCURRED** While **Not While**
Hour a.m. p.m. at work at work
factory, street, office bldg., etc. **20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)**

21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner

CHIEF MEDICAL EXAMINER **Everett Sutter MD** M.D.

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county) **Somerset 5-6-66** (State)

22a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **22b. DATE THEREOF** **5-6-66** **22c. NAME OF CEMETERY OR CREMATORIUM** **Oriole**

22d. LOCATION (City, town, or county) **Oriole, Somerset Co., Md.**

23. FUNERAL DIRECTOR **James L Hinman, Princess Anne, Md.**

24a. RECD BY REGISTRAR **MAY 13 1966** **24b. REGISTRAR'S SIGNATURE** **J Charles Judge**

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